

BACKGROUND

The role of iv0.00480.004-21.8(unJ -0.03.836d [(i)9.c-1.)Tj] 1.134 T 0.552 0 Td (-)Tj] -0.004 Tc 0.004 Tw 0.328 0 Td [(fclTd (-)Tjy)3 TJ EMC ET /CS0 cs 0 0.439 0.753 scn 734.52 457.44 198.48 -10.2 re f* BT /P <</MCID 24 >>BDC /CS1 cs 1 scn 0.007 Tc -0.007

network of hospitals involved

RESULTS:

1. To improve the baseline CV risk assessment, primary and secondary CVD prevention management for patients receiving ICI;
2. To develop regional expertise in the identification and management of CV irAE ;
3. To develop a specialist referral pathway for patients with CV irAE .

1. Haslam A, Prasad V. Estimation of the Percentage of US Patients With Cancer Who Are Eligible for and Respond to Checkpoint Inhibitor Immunotherapy Drugs. JAMA Netw Open. 2019;2(5):e192535.
- 2.D'Souza M, et al. The risk of cardiac events in patients receiving immune checkpoint inhibitors: a nationwide Danish study. Eur Heart J. 2021;42(16):1621-31.
- 3.Salem JE,et al. Cardiovascular toxicities associated with immune checkpoint inhibitors: an observational, retrospective, pharmacovigilance study. Lancet Oncol. 2018;19(12):1579-89.
4. Drobni Z et al. Association Between Immune Checkpoint Inhibitors With Cardiovascular Events and Atherosclerotic Plaque. Circulation. 2020;142(24):2299-311.

*Recommendations taken from NICE Guidance. Cardiovascular disease: risk assessment and reduction, including lipid modification [CG181]; Hypertension in adults: diagnosis and management [NG136]; Type 2 diabetes in adults: management [NG28]

Figure 2. Proposed CV immune-related adverse events management pathway

